



# Meeting Room Use Application

Amherst Town Library 14 Main Street Amherst, NH 03031  
Phone (603) 673-2288 Fax (603) 672-6063 [library@amherst.lib.nh.us](mailto:library@amherst.lib.nh.us)

Date of application \_\_\_\_\_

**Organization**

**Contact Person**

**Phone No.**

**Email**

**Address**

*For display on public calendar*

**Title of Event**

**Details (optional)**

**Estimated Attendance** \_\_\_\_\_

Johnson Meeting Room     Archives Room

**Date(s) Requested** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recurrs monthly on the

1st     2nd     3rd     4th

Sun     Mon     Tues     Wed

Thur     Fri     Sat

### Time

*Events may be scheduled (including setup) during the library's open hours only. Meetings must adjourn at least 15 minutes before the library's scheduled closing time.*

Setup	Start	End	Breakdown

### Equipment Requested

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> Laptop               | <input type="checkbox"/> DVD Player | <input type="checkbox"/> Mic-Sound System |
| <input type="checkbox"/> Internet Access      | <input type="checkbox"/> VCR        | <input type="checkbox"/> Podium           |
| <input type="checkbox"/> LCD Projector        | <input type="checkbox"/> Television | <input type="checkbox"/> Kitchen Access   |
| <input type="checkbox"/> 35mm Slide Projector | <input type="checkbox"/> Screen     |   |

### Meeting Room Policy

As an authorized representative of the above organization, I hereby apply for the use of the meeting room as indicated above. I have read the policies and rules governing the use of the meeting room facilities and agree to abide thereby. If a meeting is cancelled, I agree to notify the library as far in advance as possible.

*Signature:* \_\_\_\_\_

**Staff Use Only.** Please initial and date.

Date application received

Recorded in Library Insight

Confirmed